

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>112 800553</i>	FILING DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	<i>1</i>						
2	<i>1</i>						
3	<i>2</i>						
4	<i>2</i>						
5	<i>2</i>						
6	<i>2</i>						
7	<i>2</i>						
8	<i>1</i>						
9	<i>1</i>						
10	<i>2</i>						
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50							
TOTAL IND.	<i>1</i>						
TOTAL DEP.	<i>17</i>						
TOTAL CLAIMS	<i>18</i>						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							